

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

DAVID JOHN DUTCAVAGE, PROTHONOTARY

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 North Second Street, Pottsville, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285 3 *

Number of parties to be
served in this case 5

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint,
PROTHONOTARY, County of Schuylkill Pennsylvania,
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1270. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

105

PLAINTIFF

EDWARD THOMAS KENNEDY

DEFENDANT

DUTCavage, ET AL.,

COURT CASE NUMBER

3:18-CV-00767-RDM-SES

TYPE OF PROCESS

Service of Process /Complaints *

**SERVE
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NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

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ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 North Second Street, Pottsville, PA 17901

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EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285

3 *

Number of parties to be
served in this case

5

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District of
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No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

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Address (complete only different than shown above)

Date

Time

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Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
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PLAINTIFF

EDWARD THOMAS KENNEDY

DEFENDANT

DUTCavage, ET AL.,

COURT CASE NUMBER

3:18-CV-00767-RDM-SES

TYPE OF PROCESS

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Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
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See "Instructions for Service of Process by U.S. Marshal"

305

PLAINTIFF

EDWARD THOMAS KENNEDY

DEFENDANT

DUTCavage, ET AL.,

COURT CASE NUMBER

3:18-CV-00767-RDM-SES

TYPE OF PROCESS

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BREINIGSVILLE, PA 18031

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Number of parties to be
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☒ PLAINTIFF

☐ DEFENDANT

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District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

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of abode

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Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
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PRIOR EDITIONS MAY BE USED

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See "Instructions for Service of Process by U.S. Marshal"

405

PLAINTIFF

EDWARD THOMAS KENNEDY

DEFENDANT

DUTCAVAGE, ET AL.,

COURT CASE NUMBER

3:18-CV-00767-RDM-SES

TYPE OF PROCESS

Service of Process /Complaints *

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

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EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
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Number of parties to be
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☐ DEFENDANT

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District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

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Date

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☐ am
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Total Mileage Charges
including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
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5 of 5

PLAINTIFF

EDWARD THOMAS KENNEDY

DEFENDANT

DUTCAVAGE, ET AL.,

COURT CASE NUMBER

3:18-CV-00767-RDM-SES

TYPE OF PROCESS

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**SERVE
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NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

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401 North Second Street, Pottsville, PA 17901

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EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
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3 *

Number of parties to be
served in this case

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Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
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Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF

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TELEPHONE NUMBER

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Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

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Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCavage, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
GEORGE FRANCIS HALCOVAGE, COMMISSIONER COUNTY OF SCHUYLKILL
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 North Second Street, Pottsville, PA 17901 (Schuylkill County Courthouse)

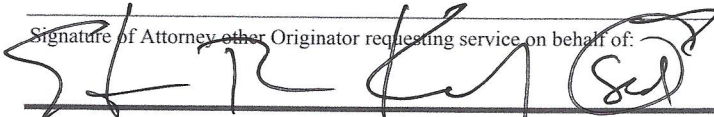
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	5
	Check for service on U.S.A.	

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Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE August 3, 2018
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Signature of U.S. Marshal or Deputy _____	

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PLAINTIFF

EDWARD THOMAS KENNEDY

DEFENDANT

DUTCavage, ET AL.,

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DATE

August 3, 2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

3 of 5

PLAINTIFF

EDWARD THOMAS KENNEDY

DEFENDANT

DUTCAGE, ET AL.,

COURT CASE NUMBER

3:18-CV-00767-RDM-SES

TYPE OF PROCESS

Service of Process /Complaints *

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

GEORGE FRANCIS HALCOVAGE, COMMISSIONER COUNTY OF SCHUYLKILL

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 North Second Street, Pottsville, PA 17901 (Schuylkill County Courthouse)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285

3 *

Number of parties to be
served in this case

5

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528. Telephone No. 570-628-1200. Courthouse is open 8:30 AM to 4:30 PM Monday to Friday. See also, Darlene Laughlin, Chief Clerk, County of Schuylkill, <https://www.linkedin.com/in/darlene-laughlin-6b262225> at Phone: 570-628-1200.

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

485

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

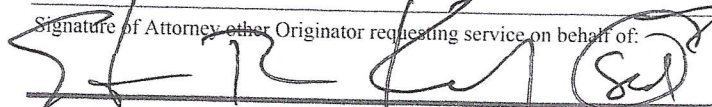
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
GEORGE FRANCIS HALCOVAGE, COMMISSIONER COUNTY OF SCHUYLKILL
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 North Second Street, Pottsville, PA 17901 (Schuylkill County Courthouse)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

* Summons, Complaint, and Plaintiff's First Amended Complaint, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528. Telephone No. 570-628-1200. Courthouse is open 8:30 AM to 4:30 PM Monday to Friday. See also, Darlene Laughlin, Chief Clerk, County of Schuylkill, <https://www.linkedin.com/in/darlene-laughlin-6b262225> at Phone: 570-628-1200.

Signature of Attorney or other Originator requesting service on behalf of:  ☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER: 415 275 1244
DATE: August 3, 2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) _____

Address (complete only different than shown above) _____

<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
-------------	---	----------------	---------------	------------------	---

REMARKS:

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

5-857

PLAINTIFF

EDWARD THOMAS KENNEDY

DEFENDANT

DUTCavage, ET AL.,

COURT CASE NUMBER

3:18-CV-00767-RDM-SES

TYPE OF PROCESS

Service of Process /Complaints *

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

GEORGE FRANCIS HALCOVAGE, COMMISSIONER COUNTY OF SCHUYLKILL

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 North Second Street, Pottsville, PA 17901 (Schuylkill County Courthouse)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285

3 *

Number of parties to be
served in this case

5

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint, Schuylkill County Courthouse, 401 North Second Street,
Pottsville, PA 17901-2528. Telephone No. 570-628-1200. Courthouse is open 8:30 AM to 4:30 PM Monday to Friday. See also,
Darlene Laughlin, Chief Clerk, County of Schuylkill, <https://www.linkedin.com/in/darlene-laughlin-6b262225> at Phone: 570-628-
1200.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
JOSEPH G. GROODY, SHERIFF
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 North Second Street, Pottsville, PA 17901

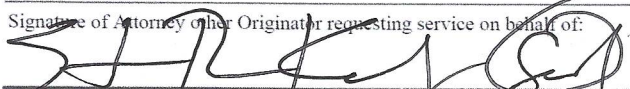
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint,
Sheriff, County of Schuylkill Pennsylvania,
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1440. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE August 3, 2018
--	---	----------------------------------	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal" 1075

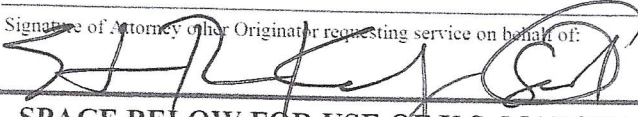
PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
JOSEPH G. GROODY, SHERIFF
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 North Second Street, Pottsville, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold
* Summons, Complaint, and Plaintiff's First Amended Complaint, Sheriff, County of Schuylkill Pennsylvania, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528 Telephone No. 570-628-1440. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE August 3, 2018
--	---	----------------------------------	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
-------------	---	----------------	---------------	------------------	---

REMARKS:

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

275

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

JOSEPH G. GROODY, SHERIFF

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 North Second Street, Pottsville, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285 3 *

Number of parties to be
served in this case 5

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint,
Sheriff, County of Schuylkill Pennsylvania,
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1440. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

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number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

385

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

JOSEPH G. GROODY, SHERIFF

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 North Second Street, Pottsville, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 3 *

Number of parties to be served in this case 5

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint,
Sheriff, County of Schuylkill Pennsylvania,
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1440. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

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(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin
No. _____

District to Serve
No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

1 of 5

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

JOSEPH G. GROODY, SHERIFF

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 North Second Street, Pottsville, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285 3 *

Number of parties to be
served in this case 5

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint,
Sheriff, County of Schuylkill Pennsylvania,
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1440. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

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number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

505

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCavage, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

JOSEPH G. GROODY, SHERIFF

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 North Second Street, Pottsville, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 3 *

Number of parties to be served in this case 5

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint,
Sheriff, County of Schuylkill Pennsylvania,
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1440. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☒ have personally served ☐ have legal evidence of service. ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COUNTY OF SCHUYLKILL, PENNSYLVANIA, SERVE TO COUNTY SOLICITOR MARSHALL **
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285 3 *
	Number of parties to be served in this case 5
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint,

** Alvin B. Marshall, Solicitor, County of Schuylkill Pennsylvania,

OFFICE OF THE COUNTY SOLICITOR, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1129. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE August 3, 2018
--	---	----------------------------------	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN See "Instructions for Service of Process by U.S. Marshal"

1 of 5

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COUNTY OF SCHUYLKILL, PENNSYLVANIA, SERVE TO COUNTY SOLICITOR MARSHALL **
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 3 *

Number of parties to be served in this case 5

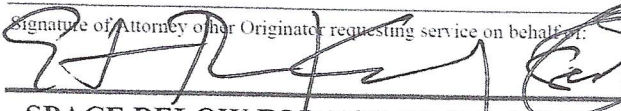
Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint,
** Alvin B. Marshall, Solicitor, County of Schuylkill Pennsylvania,
OFFICE OF THE COUNTY SOLICITOR, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1129. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE August 3, 2018
--	---	----------------------------------	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☒ have personally served ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

2 3 5

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COUNTY OF SCHUYLKILL, PENNSYLVANIA, SERVE TO COUNTY SOLICITOR MARSHALL **
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

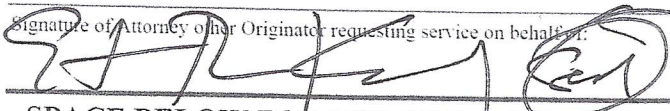
Number of process to be served with this Form 285	3 *
Number of parties to be served in this case	5
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint,
** Alvin B. Marshall, Solicitor, County of Schuylkill Pennsylvania,
OFFICE OF THE COUNTY SOLICITOR, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1129. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE August 3, 2018
--	---	----------------------------------	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment. if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

395

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COUNTY OF SCHUYLKILL, PENNSYLVANIA, SERVE TO COUNTY SOLICITOR MARSHALL **
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 3 *

Number of parties to be served in this case 5

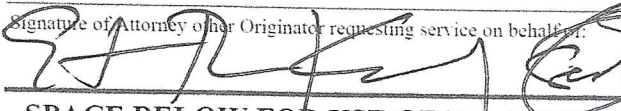
Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint,
** Alvin B. Marshall, Solicitor, County of Schuylkill Pennsylvania,
OFFICE OF THE COUNTY SOLICITOR, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1129. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE August 3, 2018
---	---	----------------------------------	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

475

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COUNTY OF SCHUYLKILL, PENNSYLVANIA, SERVE TO COUNTY SOLICITOR MARSHALL **
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 3 *

Number of parties to be served in this case 5

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint.

** Alvin B. Marshall, Solicitor, County of Schuylkill Pennsylvania,

OFFICE OF THE COUNTY SOLICITOR, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1129. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. _____

District to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment. if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

525

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCAVAGE, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

COUNTY OF SCHUYLKILL, PENNSYLVANIA, SERVE TO COUNTY SOLICITOR MARSHALL **

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285 3 *

Number of parties to be
served in this case 5

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint,

** Alvin B. Marshall, Solicitor, County of Schuylkill Pennsylvania,

OFFICE OF THE COUNTY SOLICITOR, Schuylkill County Courthouse, 401 North Second Street, Pottsville, PA 17901-2528
Telephone No. 570-628-1129. Courthouse if open 8:30 AM to 4:30 PM Monday to Friday.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No.

District to
Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment.
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

1 of 5

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCavage, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COMMONWEALTH OF PENNSYLVANIA, SERVE AT ROBERT TORRES, SECRETARY OF STATE (ACTING)
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH STREET, HARRISBURG, PA 17120-0500

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285	3 *
Number of parties to be served in this case	8
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint, ROBERT TORRES, ACTING PENNSYLVANIA SECRETARY OF STATE, ACCEPTS SERVICE OF PROCESS FOR THE DEFENDANT COMMONWEALTH OF PENNSYLVANIA AT 401 NORTH STREET, HARRISBURG, PA 17120-0500; PHONE 717-787-1734; FAX 717-787-1734.

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

295

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCavage, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COMMONWEALTH OF PENNSYLVANIA, SERVE AT ROBERT TORRES, SECRETARY OF STATE (ACTING)
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH STREET, HARRISBURG, PA 17120-0500

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

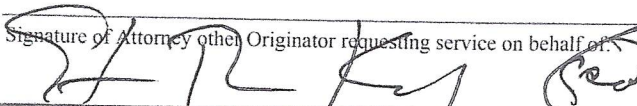
Number of process to be served with this Form 285	3 *
Number of parties to be served in this case	8
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint, ROBERT TORRES, ACTING PENNSYLVANIA SECRETARY OF STATE, ACCEPTS SERVICE OF PROCESS FOR THE DEFENDANT COMMONWEALTH OF PENNSYLVANIA AT 401 NORTH STREET, HARRISBURG, PA 17120-0500; PHONE 717-787-1734; FAX 717-787-1734.

Signature of Attorney (other) Originator requesting service on behalf of: 	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE August 3, 2018
--	--	----------------------------------	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

375

PLAINTIFF

EDWARD THOMAS KENNEDY

DEFENDANT

DUTCavage, ET AL.,

COURT CASE NUMBER

3:18-CV-00767-RDM-SES

TYPE OF PROCESS

Service of Process /Complaints *

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

COMMONWEALTH OF PENNSYLVANIA, SERVE AT ROBERT TORRES, SECRETARY OF STATE (ACTING)

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 NORTH STREET, HARRISBURG, PA 17120-0500

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285

3 *

Number of parties to be
served in this case

8

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint, ROBERT TORRES, ACTING PENNSYLVANIA SECRETARY OF STATE, ACCEPTS SERVICE OF PROCESS FOR THE DEFENDANT COMMONWEALTH OF PENNSYLVANIA AT 401 NORTH STREET, HARRISBURG, PA 17120-0500; PHONE 717-787-1734; FAX 717-787-1734.

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

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I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

4 of 5

PLAINTIFF

EDWARD THOMAS KENNEDY

DEFENDANT

DUTCavage, ET AL.,

COURT CASE NUMBER

3:18-CV-00767-RDM-SES

TYPE OF PROCESS

Service of Process /Complaints *

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

COMMONWEALTH OF PENNSYLVANIA, SERVE AT ROBERT TORRES, SECRETARY OF STATE (ACTING)

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 NORTH STREET, HARRISBURG, PA 17120-0500

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285

3 *

Number of parties to be
served in this case

8

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
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Fold

Fold

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Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

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number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

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3. NOTICE OF SERVICE
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

5 75

PLAINTIFF

EDWARD THOMAS KENNEDY

COURT CASE NUMBER

3:18-CV-00767-RDM-SES

DEFENDANT

DUTCavage, ET AL.,

TYPE OF PROCESS

Service of Process /Complaints *

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

COMMONWEALTH OF PENNSYLVANIA, SERVE AT ROBERT TORRES, SECRETARY OF STATE (ACTING)

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 NORTH STREET, HARRISBURG, PA 17120-0500

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285

3 *

Number of parties to be
served in this case

8

Check for service
on U.S.A.

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OF STATE, ACCEPTS SERVICE OF PROCESS FOR THE DEFENDANT COMMONWEALTH OF PENNSYLVANIA AT
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Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

August 3, 2018

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number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
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☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-CV-00767-RDM-SES
DEFENDANT DUTCavage, ET AL.,	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COMMONWEALTH OF PENNSYLVANIA, SERVE AT ROBERT TORRES, SECRETARY OF STATE (ACTING)
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH STREET, HARRISBURG, PA 17120-0500

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285 3 *
	Number of parties to be served in this case 8
	Check for service on U.S.A.

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Fold

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Signature of Attorney (other) Originator requesting service on behalf of: 	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE August 3, 2018
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